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## POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number		
Filing Date		
First Named Inventor	Steven Larsen	
Title	Endodontic Instrument	
Art Unit		
Examiner Name		
Attorney Docket Number	LAR50-001	

	Audities Booker (Millian)								
I hereby revoke all previous powers of attorney given in the above-identified application.									
OR I hereby appoint	mey is submitted herewith.  Practitioner(s) associated with the fo				62733	······································			
Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:									
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I am the:    X   Applicant/Inventor	or.								
OR  Assignee of record of the entire interest. See 37 CFR 3.71.									
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on									
SIGNATURE of Applicant or Assignee of Record									
Signature	Shert Mary			Date	4-10.				
Name	Steven 5. hersen			Telephone	435-7	52-0144			
Title and Company									
MOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*									
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